

DIOCESE OF SACRAMENTO

Youth & Young Adult Ministry Office

2110 Broadway • Sacramento, CA 95818 • (916) 733-0152 • kstaszkow@diocese-sacramento.org



Diocese of Sacramento Office for Youth & Young Adult Ministry presents....

UNPLUGGED – THE ANTI-CONVENTION

January 21, 2011

Dear Youth Ministry Leader,

Are you sick and tired of conventions? Are you sick of the typical keynote speaker? Are you sick of trying to raise money so that you can attend such events?

If so, the Diocese of Sacramento presents... UNPLUGGED – THE ANTI-CONVENTION

I'm writing to invite you and your group/ministry to our 58th Annual Youth Convention which will take place on Saturday, March 5th from 10am – 10pm at St. Isidore Catholic Church, Yuba City, CA.

This will be a "convention" that breaks all the rules. There will be no keynote address. There will be no convention t-shirt. There will be no famous speakers or musicians. There will be no registration fee. Instead, you will see an event that is run by teens, not adults. You will see an event where there is more silence than noise. You will see an event where boredom is transformed into peace. You will see an event where awkwardness is turned into loving service. You will see an event where prayer reaches its true potential. YOU WILL SEE TEENS UNPLUGGED!

The cost of this event is very simple: each participant is to bring 2 canned goods (they must be canned; no boxes). THERE ARE NO REGISTRATION FEES! Registration for the event begins now and will run until March 2nd.

The convention is meant primarily for high school students (9-12th Grade).

If your group blends the youth & young adult population, young adults (aged 18-24) are welcome to attend as participants if they are willing to commit to the youth code of conduct for the day.

You must provide one adult chaperone who is 25 years of age or older, has been fingerprinted (or appropriately screened) and completed the online training (at www.shieldthevulnerable.com) for each 8 participants (9th grade through age 24). Questions about the screening and training of chaperones should be directed to Mary Hastings, Diocesan Safe Environments Coordinator at 916-733-0227.

ONLINE Registration and the full information on the day are available online at http://icatholicyouth.com.

Yours in Christ,

Kevin Staszkow Associate Director for Youth & Young Adult Ministry



Greetings!

Enclosed are the registration materials and information you need for our 58th Annual Diocesan Convention. This year's theme is "Unplugged – The Anti-Convention."

The goal of our day together will be to create a retreat-like atmosphere. Each teen will be challenged like never before, as they are to "unplug" from the outside world - particularly the realm of digital communication. Cell phones will be turned off and handed to each youth ministry leader. There will be no ipods, itouches or ipads. Teens must learn how to engage the people around them - a skill that has been lost as Facebook and texting have exploded in popularity. In addition, teens will learn how to better embrace moments of silence, as they will discover the peace that can be found in those moments. Most importantly, though, upon arrival teens will learn that THEY WILL BE RUNNING THIS EVENT. The success of the anti-convention depends upon them.

Perhaps what will be most pleasing to youth ministry leaders is that registration for this event is FREE! The only cost to the teens will be to bring in two cans of food (they must be cans, not boxes). The purpose of these cans will be explained at the event. Registration begins now and will run until March 2nd.

Details at a Glance

What: Diocese of Sacramento 58th Annual Youth Convention – "Unplugged – The Anti-Convention"

When: Saturday, March 5th, 2011 from 10am – 10pm

Where: St. Isidore Catholic Church, 222 Clark Avenue, Yuba City, CA

Who: High School Youth (grades 9-12)

One chaperone (screened & trained adult over 25 years old) must be provided

for every 8 participants.

Cost: Two canned food items (lunch and dinner will be provided)

Deadlines: Groups must register by **March 2**nd!

There will be no on-site registrations. .

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Registration

Please use the attached registration form, which may be duplicated as needed. Please note that 1 adult chaperone is REQUIRED for every 8 participants (participants are 9-12th grade youth & young adults under 25). Chaperones must be over age 25 and must be fingerprinted (or properly screened) and complete the online training. Please print legibly in ink or type all information requested. The registration deadline is Noon on March 2nd.

Code of Behavior

The code of behavior is included as part of the youth permission form and requires a signature of each participant and parent. The adult coordinator and adult chaperones are responsible for the behavior of their group throughout the anti-convention.

Dress Code

Our dress code is simple—neat, casual clothing. All clothing worn must be in good taste, clean, and not tattered. Clothing advertising products, behavior, and values contrary to the Catholic Church are unacceptable. Also unacceptable are: strapless, tube, or spaghetti-strap tops, short-shorts, and extremely over-sized clothing. Jeans, shorts, and tennis shoes are fine. The adult coordinator and adult chaperones are responsible for communicating the dress code to youth participants and ensuring that all are attired appropriately. It is not necessary to bring dress-up clothing.

Diocesan Forms

When you bring a group to the convention, please be sure you have the approved diocesan "Youth Activity Permission, Medical Release, and Parental Consent Form" for each participant under 18 of age AND "Chaperone / Young Adult Participant Form" for every chaperone and young adult participant. The adult coordinator is responsible for keeping these forms in his/her possession (or in the possession of the appropriate drivers) throughout the Conference. Do not send these forms in with your registration form(s). *Forms are included below.*

Food

Lunch & Dinner will be provided. A snack bar will be available throughout the day.

Special Needs

If you have a participant with special needs, please note it on the registration form. Interpreters for the hearing-impaired and deaf community are available with advance notice.



UNPLUGGED - THE ANTI-CONVENTION

PLEASE RETURN THIS FORM or Register ONLINE at http://icatholicyouth.com

Please return this registration form to: Office of Youth Ministry, 2110 Broadway, Sacramento, CA 95818.

Because of space limitations, <u>there will be no on-site registrations.</u> Please copy this form as needed. Retain copies of completed forms for your files. <u>The registration deadline is Noon on March 2nd.</u>

To ensure on-time registration, <u>hand delivery to the Pastoral Center</u> is strongly suggested! You can also fax to 916-733-0152 or register online at http://icatholicyouth.com

Do NOT send us the release forms for individual kids or adults. It is your responsibility to hold on to these and have them in your possession day of the event.

Please staple this form to the front of your registration form. Thank you.

Name of Parish/School/Movement/Group

City of Parish/School/Movement/Group

Contact Person

Contact Cell Phone

Text? Yes / No

Contact Email

Number of Youth Participants (9-12th Grade)

Number of Young Adults (age 18-24)

Number of Adult Chaperones
(over 25 years old, screened & trained)

TOTAL NUMBER OF PARTICIPANTS

PLEASE EMAIL THIS INFORMATION FOR YOUR PARTICIPANTS TO MMEZA@DIOCESE-SACRAMENTO.ORG AS AN EXCEL SPREADSHEET PUT "UNPLUGGED REGISTRATION IN THE SUBJECT LINE"

DO NOT send us the release forms for individual kids or adults. It is your responsibility to hold on to these and have them in your possession day of the event.

Adult Chaperones: Diocesan policy requires 1 adult for every 8 participants for the entire Conference. Chaperones must be 25 years of age or older.

Young Adults: If young adults (out of high school & 18-24 years of age) accompany your group, list them after the youth participants, and put "YA" in the Class of column.

Special Needs: Please note in this box any special needs; such as Health, Hearing Impaired, Mobility, Vegetarian, etc.

All chaperones must be fingerprinted and approved by the Diocese prior to Conference.

PLEASE PRINT LEGIBLY IN INK OR TYPE (copy this form as needed)

		GRADE (9, 10, 11, 12)	
	PARTICIPANT NAMES	or YA	Special Needs?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	ADULT CHAPERONE NAMES		Special Needs?
1			
2			
3			
4			
5			

DIOCESE OF SACRAMENTO YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE, AND PARENTAL CONSENT FORM

Name:		Date of Birth:	Grade:
Names of Paren	ts / Guardians:		
		(parent #2)	
Work phone num	nber: (parent #1)	(parent #2)	
Cell phone numb	per: (parent #1)	(parent #2)	
Participant Phon	e:	Parish / School:	
Parent Email:			
Participant Emai	l:		
		n Convention, March 5 th , 20 ^r urch, 222 Clark Avenue, Yuk	•
Transportation:	☐ Youth participant/fan	nily to provide	
	☐ Provided by adult cha	aperones (in accordance with did	ocesan guidelines)
	☐ Other:		
YOUTH CODE (OF CONDUCT:		
I agree to upholo program requires	I and exemplify positive Ca	atholic values, and I understand to regulations regarding my cond	
 I will wea I will follo I will trea I will stay I will dres I will not s I will resp 	is appropriately at all times use, bring, or be under the smoke or use tobacco procengage in inappropriate septements in the possession of or usengage in acts of violence, sect the physical property of	stband at all times. aders; articipants with respect; and participate in the approved a ; influence of illegal drugs or alco ducts; xual behavior; use firearms, knives, or weapons stealing, dishonesty, gambling, of the facility & of others, & will no	hol; s of any kind; or profanity; and ot engage in acts of vandalism.
be dealt with in a	n immediate and appropri	ervision of adult leaders, and unate manner. If I should be disminate manner and the disminate for research to arrange for research	ssed from participation in
Signature of You	th Participant	Date	

Signature of Parent (acknowledging the commitment):

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor:	Phone:	
Family Dentist:	Phone:	
Family Health Plan Carrier:		
Policy Number:		
Name:	unable to reach me at the numbers listed above,	<u> </u>
Relationship:	Alternate Contact Number:	
reiephone:	Alternate Contact Number:	
Signature of Parent/Guardian	Date	
MEDICATIONS AND NON-EMERGENC	Y HEALTH TREATMENT	
	medication(s), which he/she will bring on this actictions for dosage and frequency of use. I hereby g medication(s):	
Signature of Parent/Guardian	Date	
SPECIFIC MEDICAL INFORMATION/CO	ONDITIONS	
Please list any special medical issues or with your child's participation in this activi	other conditions that the Diocese should be awa ity:	re of in connection

PARENT AGREEMENT / CONSENT

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- <u>Direct Child to Cooperate</u>: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- <u>Consent for Transportation (if applicable)</u>: I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: I/we agree to be responsible for all medical expenses relating to injury of
 my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of the
 parish, school, or diocesan employees, agents, volunteers or other participants.
- <u>Acknowledgment of Risks</u>: I/we understand that in the course of participating in this activity, my/our child may
 engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such
 injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment
 or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or
 through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- 1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment. \
- 2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
- 3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date

I/we have read this Agreement and understand and agree to everything set forth above.

CATHOLIC YOUTH MINISTRY - DIOCESE OF SACRAMENTO CHAPERONE / YOUNG ADULT PARTICIPANT FORM

(This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not intended for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of signature.)

·	, ,
Chaperone/Adult Participant	Date of Birth (month/day/year)
Street Address:	
City / State / Zip Code:	
Home Telephone Number (include area code):	
Work Telephone Number (include area code):	
	th Convention, March 5 th , 2011, 10am-10pm nurch, 222 Clark Avenue, Yuba City, CA
CODE OF CONDUCT (for young adult participation)	ants)
	values, and I understand that my participation in this program requires my conduct. Specifically, I agree that during my participation in the
I will respect the physical property of the	articipate in the approved activity; ence of illegal drugs or alcohol; behavior; rearms, knives, or weapons of any kind; ling, dishonesty, gambling, or profanity; and facility and of others, and will not engage in acts of vandalism.
	hat violations will be dealt with in an immediate and appropriate on in the program, I understand that I will be asked to leave the
Signature of Adult Participant	Date
representatives and volunteers, to transport me to a medical f aforementioned individuals to authorize emergency treatment	
NAME:	
RELATIONSHIP:	
TELEPHONE (include area code):	
FAMILY DOCTOR: TELEPHONE (include area code):	
TELEPHONE (include area code):	

POLICY NUMBER: PARTICPANT'S SOC SEC #_____

FAMILY HEALTH PLAN CARRIER:_____

(1) Signature_____

Date

MEDICATIONS I am taking medications at present. I will bring all such medications necessary, and such medications will be well-labeled. Names concise directions for taking such medications, including dosage and frequency of dosage are as follows:	of medications and
SPECIFIC MEDICAL INFORMATION: The Diocese of Sacramento will take reasonable care to see that this information will be he	eld in confidence.
Allergic reactions (medications, foods, plants, insects, etc.)	
Immunizations: Date of last tetanus / diphtheria immunization	
Do you have a medically prescribed diet?	
Any physical limitations?	
Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, date and or	
Line 1: You should also be aware of these special medical conditions.	
LIABILITY WAIVER For value received, I agree on behalf of myself, my heirs, successors, and assigns, to forever release, discharge, defend and hold DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agree sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought of the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or industributable in any legal way, to any action or omission to act of any such person or organization named above.	ents, volunteers, on my behalf against , agents, volunteers,
I fully understand the consequence of the foregoing statements and sign this CONSENT FORM / LIABILITY WAIVER knowingly (Your signature must appear below or you will not be permitted to serve as a chaperon/ adult participant in the Youth Min	
(2) Signature Date	
Being in the possession of alcoholic beverages, drugs or weapons is cause for automatic dismissal from any Youth Ministry progractivity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activitie (Your signature must appear below or you will not be permitted to serve as a chaperon/adult participant in the Youth Ministry programs.	es.
(3) Signature Date	

